See reverse side for Instructions HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street Sacramento, CA 95814 GENERATOR (Generator Must Complete) (3) Designated TSD Facility (Authorized to operate under an Alternate TSD Facility SFUND RECORDS CTR approved state program or federal program) CHEMICAL WASTE ALLIMINUM COMPANY OF 999000906 Name OPERATING INDUSTRIES. INC. MANAGEMENT INC. (2) Name AMERICA - VERNON WORKS C AD 080 01 202 CAT 00 064 611 IC AD D 7 4 EPA NO EPA NO EPA NO Address P.O. Box 1104, 430 W. Elm Ave. Phone No. 588-6141 Address 900 N. Potrero Grande Dr. Address 5151 Alcoa Ave. City. State. Zip Coalinga. CA 93210 City, State, Zip \_ Vernon \_ CA 90058 City, State, Zip \_ Monterey Park. CA U.S. DOT 5) U.S. DOT PROPER SHIPPING NAME VOLUME CONTAINERS NUMBER: TYPE DRUMS DRAGS DCARTONS WASTE ☐ TANK TRUCK DUMP TRUCK WASTE OTHER (8) GENERATING PROCESS Aluminum Fabrication (7) EX. HAZ. WASTE PERMIT NO. 6 WASTE CATEGORY \_\_\_\_\_ RANGE CONC. LIST COMPONENTS: UNITE UNITS □ % □ ppm. П% Прот. □ % □ ppm. ☐ % ☐ ppm □ % □ ppm. □ % □ ppm. □ % □ ppm. Non Hazardous Material \_\_\_\_\_100 % (10) WASTE PROPERTIES: pH\_ ☐ Reactive : ☐ Sensitizer ☐ Toxic ☐ Flammable ☐ Carcinogen/Mutagen [ ] Corrosive/Irritant XX Other Aluminum Oxides & Water 1 Liquid YY Studge ☐ Sturry ☐ Gas (12) SPECIAL HANDLING INSTRUCTIONS: 

Gloves ☐ Goagles ☐ Other \_\_\_\_\_ Respirator GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 Date Shipped TRANSPORTER (HAULER MUST COMPLETE) (14) NAME ASBURY OIL CO. CAD028277036 EPA NO. ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE. ZIP \_\_Gardena, California 90249 Signature of Authorized Agent and Title TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) 18 QUANTITY (If Measured) HANDLING OR DISPOSAL METHOD: EPA NO. ☐ Surface Impoundment ☐ Landfill PHONE NO. ☐ Injection Well ☐ Land Treatment (20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND ☐ Treatment (Specify) \_ ☐ Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: (22) NAME EPA NO. Authorized Agent and Title Date Accepted ORIGINAL